

Dental Plan Summary

UC provides two dental plan choices for you and your eligible family members. Both plans cover a wide range of dental services, from routine preventive care and fillings to oral surgery, dentures, bridges, and even braces.

This is a general overview of your dental benefits. Please remember that if you need major dental work (for example, a crown, dentures, a bridge, or oral surgery), **you should read carefully the complete explanation of benefits, limitations, and exclusions in your Delta Dental or PMI booklet.** Whenever you have a question about whether a dental procedure will be covered, you and/or your dentist should contact your dental plan *before* you begin treatment.

New for 2005 (Delta Dental and PMI): Family member eligibility will expand to include coverage for qualified opposite-sex domestic partners and their children or grandchildren, and disabled children past age 23 who are not income tax dependents but who meet certain Social Security or Supplemental Security Income qualifications. See *Your Group Insurance Plans* for detailed eligibility rules.

Delta Dental Plan

The **Delta Dental Plan** provides worldwide coverage from any dentist you choose.

Most California and New Mexico dentists belong to Delta. If you choose a Delta provider, the plan pays for services as described on pages 2 and 3. Almost all preventive dentistry is covered in full. For other services, you pay a \$50 annual deductible per person and a coinsurance of 25 percent to 50 percent of the charges. Delta dentists file claims for you.

If you prefer to see a non-Delta dentist, you pay the dentist directly, then file claims with Delta. However, you maximize your benefits if you choose a Delta dentist.

At any time, you can ask your dentist to submit a pre-determination request to Delta prior to treatment to find out the amount Delta will pay. For *any* claim over \$400, you should ask for a predetermination of costs to be sure of Delta's coverage level.

Delta will pay a maximum of \$1,500 per person in a calendar year, regardless of the dentist you use. A separate limit applies to benefits for temporomandibular joint (TMJ) dysfunction (page 2) and orthodontics (page 3).

DeltaPreferred Option: You can save on out-of-pocket expenses for basic, prosthetic, and orthodontic services by using the DeltaPreferred Option (DPO) provider network. There isn't a special enrollment to use the DPO. The coverage levels listed on the chart (pages 2 and 3) won't change if you use the DPO. Your savings will be due to the reduced total fees charged by the DPO dentist and will vary according to your region and the dental procedure.

You can find the Delta DPO dentists by visiting the special UC Delta Dental website (a link is available on the UC HR/Benefits website) or by calling Delta Dental directly.

PMI Dental Plan

The **PMI Dental Health Plan (available in California only)** is your other option. PMI has provided Californians with prepaid dental services since 1968. Over 92 percent of PMI dentists are also in the Delta Dental network.

Dental services are covered only when you visit your PMI provider. See pages 2 and 3 for benefits. The plan emphasizes preventive care—many services cost nothing, while copayments apply to others. There are no deductibles or annual maximums, and you don't file claims.

When you enroll, you can select a PMI dentist or PMI will assign you to a participating dentist near your home. To change this initial assignment, simply call or write to PMI. Later on, you may change your dentist by calling or writing to PMI and explaining why you want to change. Please note that dentists may join or leave the PMI network throughout the year, and that such changes are not grounds for a member to transfer to Delta Dental midyear.

PMI enhancements for 2005 include the following: Coverage will increase for teeth cleanings (beyond two in a 12-month period when necessary); the teeth bleaching copayment will be reduced from \$175 to \$125 per arch; coverage will increase for certain x-rays and diagnostic tests; and additional services related to crowns and partial dentures will be offered. For details, see pages 2–3 or read the PMI plan booklet.

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Outline of Benefits and Services

January through December 2005

	DELTA DENTAL	PMI DENTAL PLAN* (Services are only covered when you use your PMI provider.)
SERVICE AREA	Worldwide	California only
PREVENTIVE DENTISTRY	No deductible	Copayments apply as noted
Cleaning of teeth	100% of UCR (up to 2 times in a calendar year; additional cleanings by report)	No charge up to 2 times in any 12-month period. Additional cleanings when necessary: \$45 copayment for adults, \$35 copayment for children.
Oral examinations	100% of UCR (one routine and two non-routine exams per calendar year)	No charge
Emergency office visit for pain relief	100% of UCR	No charge
Topical fluoride treatment	100% of UCR (includes cleaning; up to 2 times in a calendar year through age 13)	No charge (up to 2 times in any 12-month period through age 18)
Space maintainers	100% of UCR (through age 12)	No charge
X-rays (full mouth, bitewings, other films)	100% of UCR (full mouth x-rays limited to 1 set in 5 years unless necessary)	No charge (full mouth x-rays limited to 1 set in any 12-month period)
Pit and fissure sealants (under age 16 only)	75% of UCR for first permanent molars through age 9 and second permanent molars through age 15	No charge for first permanent molars through age 9 and second permanent molars through age 15
BASIC DENTISTRY	Deductible applies	Copayments apply as noted
Fillings	75% of UCR	No charge for standard benefit
Anesthesia†	75% of UCR (general anesthesia for covered oral surgery)	Local—no charge. General and intravenous sedation—no charge; limited to medically necessary extractions
Prosthetic appliance repair	75% of UCR	No charge
Extractions	75% of UCR	No charge if uncomplicated (not covered if done only for orthodontics)
Crowns	50% of UCR	\$50 per unit copayment (\$100 extra charge for precious metals)
Oral surgery	75% of UCR	\$15 copayment for impactions; other covered services at no charge
Endodontics	75% of UCR	\$20 copayment for each canal; other covered services at no charge
Periodontics	75% of UCR	\$100 copayment per quadrant for surgery (mucogingival and osseous gingival); \$150 copayment for soft tissue graft procedures; other covered services at no charge
Inlays/onlays	50% of UCR	No charge for standard benefit
Denture relining and rebase	75% of UCR	Relining—no charge (limited to 1 in any 12-month period). Rebase—\$20 copay.
Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)	50% up to \$500 for all benefits in a lifetime (not applied to calendar year maximum)	No charge
PROSTHETIC DENTISTRY	Deductible applies	Copayments apply as noted
Standard, full, or partial dentures	50% of UCR	Upper—\$65 copayment per denture. Lower—\$65 copayment per denture (extra charge for precious metals) Removable partial denture with flexible base—\$115
Bridges	50% of UCR	\$50 per unit copayment (extra charge for precious metals)
TOTAL BENEFIT FOR PREVENTIVE, BASIC, AND PROSTHETIC DENTISTRY	\$1,500 per person per calendar year	No maximum

† Disabled members may receive anesthesia for any covered dental service if needed to receive treatment. Preauthorization is required.

	DELTA DENTAL	PMI DENTAL PLAN*
ORTHODONTICS	No deductible	Copayments apply as noted
Who is eligible for service	All covered family members	All covered family members
Benefit	50% of UCR up to \$1,500 in a lifetime for dependent children as defined in eligibility provisions; up to \$500 in a lifetime for adults (not applied to calendar year maximum)	\$1,000 copayment (plan covers 36 months of usual and customary treatment—a monthly office visit fee of \$75 applies after the 36 months)
SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS		
Work in progress when you join	Only services that you receive on or after your effective date of coverage are covered.	Only services received from a PMI provider on or after your effective date of coverage are covered.
Predetermination of benefits	If services are expected to be \$400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.	Before any work is done, ask your PMI dentist what the charges will be. If you have any questions about what will be covered, call PMI.
Alternate treatment provision	If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.	If you select a treatment plan different from that customarily provided by PMI, you will pay the applicable copayment, plus the additional cost of the alternate treatment.
Replacement of crowns, dentures, partial dentures, and bridges	Not covered if crown or prosthetic appliance is less than 5 years old	Not covered if crown or prosthetic appliance is less than 3 years old
Out-of-area emergencies	Coverage applies worldwide.	Plan pays up to \$100 in any 12-month period for pain relief when you are more than 25 miles from your dentist's office.
Teeth Bleaching	Not covered	Teeth Bleaching (\$125 copayment per arch). External bleaching is limited to one bleaching tray per arch per 36-month period; bleaching gel for two weeks of patient self treatment.

NOTE: Other limitations and exclusions may apply. See the Delta Dental or PMI booklet.

* Binding arbitration: When you enroll in PMI, you agree to settle any dispute, grievance, or controversy involving the plan by neutral arbitration.

DEFINITIONS

Any 12-month period: Represents 12 continuous months of coverage. This is not necessarily a calendar year.
By report: The dentist submits relevant information to the Delta Dental Plan. If Delta determines an additional cleaning is clinically necessary, they will cover it.
Copayment: A fee you pay for a service.
Deductible: An annual amount you must pay for some services before the plan starts paying benefits for those or other services.
Endodontics: Treatment involving tooth pulp (root canals, for example).
Extractions: Removal of teeth.
Non-routine exam: An exam for an emergency (for example, an injury or infection) or an exam for a specific dental problem (for

example, a toothache or an exam to evaluate the need for oral surgery).
Orthodontics: Treatment to correct position or alignment of teeth (braces, for example).
Periodontics: Treatment for diseases of mouth and gum tissue.
Prosthetics: Replacements for teeth (dentures or bridges, for example).
Routine exam: An initial exam with a new dentist or a periodic exam with your existing dentist intended to generally assess your dental health.
UCR (usual, customary, and reasonable): Fees filed with Delta by a participating dentist that Delta has determined are customary for the dentist's practice area.

Who Is Eligible

Employees: You are eligible for coverage if you are a member of a UC-sponsored retirement plan.¹

There are two ways to qualify for UCRP membership:

- You are appointed to work at least 50 percent time for a year or more²—or
- You work 1,000 hours in a 12-month period.

You may also enroll eligible family members. See *Your Group Insurance Plans* for more details.

See your Benefits Office for more details about eligibility and enrollment procedures.

¹ A UC-sponsored retirement plan means UCRP or another defined benefit plan to which UC contributes.

² Or your appointment form shows that your ending date is for funding purposes only and that your employment is intended to continue for more than a year.

Retirees: You are eligible for coverage only if you were eligible for and enrolled in dental coverage when you retired and you elected to continue your dental plan into retirement.

At retirement, your dental coverage is limited to the plan in effect and eligible family members enrolled at the time of retirement. If eligible, you may transfer to a different UC-sponsored plan during a period of initial eligibility (PIE) or during the next announced Open Enrollment. You may also enroll other eligible family members in your dental plan at these times.

Cost for 2005

All plan members pay a certain percentage or copayment for some services (see chart on pages 2 and 3). In addition, the UC/employer contribution is subject to state appropriation, and may change or be discontinued in future years.

Employees: UC pays 100 percent of your monthly dental plan premium.

Retirees: For most retirees, UC pays the entire cost of coverage. However, if you have graduated eligibility benefits, you must pay part of your dental premium. The amount you must pay will be shown in your Open Enrollment announcement.

Imputed Income

If you enroll the following eligible family members, the UC/employer contribution for the additional coverage may be taxable income to you:

- eligible domestic partner (same-sex and opposite-sex; see *Your Group Insurance Plans—2005*)
- eligible domestic partner's child/grandchild
- coverage disabled child who meets all the requirements listed in *Your Group Insurance Plans—2005*.

This imputed income is subject to federal and California state income taxes, Social Security and Medicare taxes and any other required payroll tax. You may not be subject to tax on imputed income if these family members are your tax dependents, or, for California state income tax purposes only, if you have registered your domestic partnership with the state of California. You may recover any excess federal or California state income tax withheld when you file your tax returns.

Please call your local Benefits Office for more information (retirees should call the UC Customer Service Center).

For More Information

If you have questions or need more information, you may call Delta Dental or PMI directly. If you need a Delta Dental claim form, please call the plan.

Employees: You may also call your Benefits Office, or the person in your department who handles benefits, if you have a question or need a publication.

Retirees: You may also call the UC Customer Service Center (1-800-888-8267) if you have a question or need a publication.

Delta Dental:	1-800-777-5854
Delta Dentist Directory:	1-800-427-3237
PMI:	1-800-422-4234

To find UC forms or publications, or to find links to the dental plan websites, visit the HR/Benefits website (<http://atyourservice.ucop.edu>). To see a list of Delta or PMI dentists, visit their websites.

By authority of the Regents, University of California Human Resources and Benefits, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (1-800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. Contact your Human Resources Office for more information.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

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